

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071618

1. Entity Name

CIVIL SOURCE ENGINEERING CORP.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90011 038 ***150.00

Principal Place of Business

Mailing Address

~~141 WEST CENTRAL AVENUE, SUITE 9
WINTER HAVEN FL 33880~~

~~141 WEST CENTRAL AVENUE, SUITE 9
WINTER HAVEN FL 33880-0329~~

2. Principal Place of Business

3. Mailing Address

2025 SYLVESTER RD

2025 SYLVESTER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4cc2

4cc2

City & State

LAKELAND FL

City & State

LAKELAND FL

4. FEI Number

59-3397621

Applied For

Not Applicable

Zip

Country

33803

US

Zip

Country

33803

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, SIDNEY W
141 CENTRAL AVENUE
SUITE 9
WINTER HAVEN FL 33880

Name

CARTER, SIDNEY W.

Street Address (P.O. Box Number is Not Acceptable)

2025 SYLVESTER RD

Suite, Apt. #, etc.

4cc2

City

LAKELAND

FL

Zip Code

33803

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARTER, MARILYN M 2020 E EDGEWOOD DR, #42 LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HURST, MARK V 207 OAKPOINT CIRCLE DAVENPORT FL 33837	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARTER, KAREN L V.P. 176 CHESTNUT ST WILMINGTON MA 01887	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARTER, DAVID S V.P. 20 ALLEN ROAD WINCHESTER, MA 01890	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT
SIDNEY W. CARTER 03/30/00

Date

Phone

863-676-0574

CR2E034 (9/99)